

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015547

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 97FILED APR 23 1963
1. PLACE OF DEATH
a. COUNTY Franklin2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warrenb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WashingtonLength of stay in lb
18 daysc. CITY
OR TOWN MarthasvilleInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
R.R. #3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First WesleyMiddle AugustLast Dothage4. DATE
OF DEATHMonth April Day 16 Year 1963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-10-1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Warren County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Louis Dothage

13b. MOTHER'S MAIDEN NAME

Helena Marcks

14. NAME OF HUSBAND OR WIFE

Flora Kies Dothage15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)no

16. SOCIAL SECURITY NO.

95

17. INFORMANT

Address

R.R. #3Mrs. Wesley Dothage Marthasville, Mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARTIONINTERVAL BETWEEN
ONSET AND DEATH6 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE5 YRSDUE TO (c) DIABETES MELLITUS15 YRSPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 4-16-63 and last saw her alive on 4-15-63
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

George M. Workman M.D.

22b. ADDRESS

HERMANN, MO

22c. DATE SIGNED

4-18-6323a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

4-19-63

23c. NAME OF CEMETERY OR CREMATOR

Smiths Creek Meth. Church,

23d. LOCATION (City, town, or county)

Warren County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

F.W. Nieburg & Co., Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.

4/17/63

26. REGISTRAR'S SIGNATURE

Leola C. Hickman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 03652 1090234 05 167 08 09 260X101112 2-013 5-0

APR 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Hieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.